U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875                                |  |                                   |          |             |   |                  |                    |           | Application or Docket Number 09/7/5/33       |                             |                |                        |
|--|--|-----------------------------------|----------|-------------|---|------------------|--------------------|-----------|--|-----------------------------|----------------|------------------------|
| CLAIMS AS FILED - PART I<br>(Column 1) (Column 2)  |  |                                   |          |             |   |                  | •                  | SMALL E   | ENTITY                                       | OR                          |                | R THAN<br>ENTITY       |
| FOR NUMBER FILED   |  |                                   |          | NUMBI       | NUMBER EXTRA                                |                  | RATE               | FEE       | }  | RATE                        | FEE            |                        |
| BASIC FEE<br>(37 CFR 1.16(a))  |  |                                   |          |             |   |                  |                    |           | s  | OR                          |                | s                      |
|  | AL CLAIMS<br>CFR 1.16(c))  |                                   |          | minus 20    |   |                  |                    | x s =     |  | OR                          | x s =          |                        |
|  | PENDENT CLAIR<br>CFR 1.16(b))                                    | MS                                |          | minus 3 = • |   | -                |                    | x \$ =    |  | i i                         |                |                        |
|  |  |                                   |          |             |   |                  |                    | OR        | x \$=  |                             |                |                        |
| (**************************************  |  |                                   |          |             |   | j                | + \$=              |           | OR   | <u>+s</u> =                 |                |                        |
| * If the difference in column 1 is less than zero, enter *0* in column 2.                              |  |                                   |          |             |   |                  | TOTAL              |           | OR   | TOTAL                       |                |                        |
| CLAIMS AS AMENDED - PART II  |  |                                   |          |             |   |                  |                    |           |  |                             |                |                        |
| 4-   | 10-06  | (Column                           |          |             | (Column 2)                                  | (Column 3)       |                    | SMALL E   | NTITY  | OR                          | OTHER<br>SMALL | R THAN<br>ENTITY       |
| AMENDMENT A  |  | CLAIN<br>REMAIN<br>AFTE<br>AMEND  | ING<br>R |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                    | RATE      | ADDI-<br>TIONAL<br>FEE                       |                             | RATE           | ADDI-<br>TIONAL<br>FEE |
| M  | Total<br>(37 CFR 1.16(c))  | 14                                | 1        | Minus       | " 20  | =                | 1                  | x s=      |  | OR                          | x \$=          | -                      |
| EN   | Independent<br>(37 CFR 1.16(b))                                  | . 4                               |          | Minus       | <i>"" 4</i>                                 | =                | 1                  | x \$ =    | ···  | OR                          | x \$=          |                        |
| A  | FIRST PRESENT  | ATION OF W                        | ULTIPLE  | DEPEND      | ENT CLAIM (37 CF                            | R 1.16(d))       |                    | + \$ =    |  | OR                          |                |                        |
|  |  |                                   |          |             |   | ı                | TOTAL<br>ADD'L FEE | -         | OR   | + s =<br>TOTAL<br>ADD'L FEE |                |                        |
|  |  | (Column                           | . 1\     |             | (Column 2)                                  | (Caluma 2)       |                    | ADDLIEL   | <u>.                                    </u> | j Oik                       | ADD E PEE      | L                      |
|  |  | CLAIN                             | ns       |             | (Column 2)<br>HIGHEST                       | (Column 3)       | 1                  |           |  | 1                           |                |                        |
| AMENDMENT B  |  | REMAIN<br>AFTE<br>AMENDI          | R        |             | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |                    | RATE      | ADDI-<br>TIONAL<br>FEE                       |                             | RATE           | ADDI-<br>TIONAL<br>FEE |
| Σ  | Total<br>(37 CFR 1.16(c))  | •                                 |          | Minus       | ••  | =                |                    | x \$ =    |  | OR                          | x \$=          |                        |
| EN I   | Independent<br>(37 CFR 1.16(b))                                  | •                                 |          | Minus       | •••   | =                |                    | x \$_ =   |  | OR                          | x s =          |                        |
| ₹  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |                                   |          |             |   |                  | 1                  |           |  |                             |                | — <del>-</del>         |
| (a) OFR 1.10(a))   |  |                                   |          |             |   |                  |                    | + \$=     |  | OR                          | TOTAL          |                        |
|  |  |                                   |          |             |   |                  |                    | ADD'L FEE |  | OR                          | ADD'L FEE      |                        |
| (Column 1) (Column 2) (Column 3)   |  |                                   |          |             |   |                  |                    |           |  |                             |                |                        |
| AMENDMENT C  |  | CLAIN<br>REMAIN<br>AFTE<br>AMENDN | ING<br>R |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                    | RATE      | ADDI-<br>TIONAL<br>FEE                       |                             | RATE           | ADDI-<br>TIONAL<br>FEE |
|  | Total<br>(37 CFR 1.16(c))  | •                                 |          | Minus       | ••  | =                | Ì                  | x \$ =    |  | OR                          | X \$=          |                        |
|  | Independent<br>(37 CFR 1.16(b))                                  | •                                 |          | Minus       | ***   | =                |                    | x \$_ =   |  | OR                          | X \$=          |                        |
| A  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)). |                                   |          |             |   |                  |                    |           |  |                             |                |                        |
|  |  |                                   |          |             |   |                  | + \$=              |           | OR   | + \$=<br>TOTAL              |                |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write *0* in column ;</li> </ul> |  |                                   |          |             |   |                  | 3.                 | ADD'L FEE |  | OR                          | ADD'L FEE      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".              |  |                                   |          |             |   |                  |                    |           |  |                             |                |                        |

\*\* If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09/715133

|   | <del></del>        |   |                       |                               |              |                  |           |                     |                        |          |                     |                        |
|---|--------------------|---|-----------------------|-------------------------------|--------------|------------------|-----------|---------------------|------------------------|----------|---------------------|------------------------|
|   |                    | CLAIMS AS                                 | (Column               |                               | (Column 2)   |                  |           | SMALL ENTITY TYPE   |                        |          | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS  |                    |   | 14                    |                               |              |                  |           | RATE                | FEE                    | }        | RATE                | FEE                    |
| FO  | R                  |   | NUMBER FILED          |                               | NUMBER EXTRA |                  |           | BASIC FEE           | 355.00                 | OR       | BASIC FEE           | 710.00                 |
| το  | TAL CHARGEA        | BLE CLAIMS                                | 1.4 min               | us 20=                        | •            | 0                |           | X\$ 9=              |                        | OR       | X\$18=              |                        |
| IND   | EPENDENT CL        | AIMS                                      | 2 minus 3 =           |                               |              | 0.               |           | X40=                |                        | OR       | X80=                | :                      |
| MU  | LTIPLE DEPEN       | DENT CLAIM P                              | RESENT                |                               |              |                  |           | +135=               |                        |          | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |                    |   |                       |                               |              |                  |           | TOTAL               |                        | OR<br>OR | TOTAL               | 7/0                    |
| CLAIMS AS AMENDED - PART II   |                    |   |                       |                               |              |                  |           | IOIAL               |                        | JOR      | OTHER               | THAN                   |
| 11-   | 20-02              | (Column 1)                                | (Column 2) (Column 3) |                               |              |                  | SMALL     | ENTITY              | OR                     | SMALL    |                     |                        |
| AENT A  |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |           | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total              | . 14                                      | Minus                 | •• /                          | 202          | 2                |           | X\$ 9=              |                        | OR       | X\$18=              |                        |
|   | Independent        | NTATION OF MI                             | Minus                 | ***                           | 3            | -                |           | X40=                |                        | OR       | X80=                |                        |
| <u> </u>  | THOTTRESE          | THATION OF IM                             | DETIFIE DEF           | ENDEN                         | CLAIM        |                  |           | +135=               |                        | OR       | +270=               |                        |
|   |                    |   |                       |                               |              |                  |           | TOTAL<br>ADDIT, FEE |                        | OR       | TOTAL<br>ADDIT, FEE |                        |
| 12  | -20-04             | (Column 1)                                |                       | (Colu                         |              | (Column 3)       |           |                     |                        |          | ADDII. 1 EE         |                        |
| AMENDMENT B   | Ų,                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |           | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total              | . 14                                      | Minus                 | . 2                           | <u>V</u>     | = ."             | $\rfloor$ | X\$ 9=              |                        | OR       | X\$18=              |                        |
|   | Independent        | • 4                                       | Minus                 |                               | 3            | =                |           | X40=                |                        | OR       | 200<br><b>X80</b> = | 200                    |
|   | FIRST PRESE        | NTATION OF MI                             | JLTIPLE DEP           | PENDENT                       | CLAIM        |                  | J         | +135=               |                        |          | +270=               | 100 5                  |
|   |                    |   |                       |                               |              |                  | l         | TOTAL               |                        | OR       | TOTAL               | 70.                    |
| Ħ.  | 4.5                | <b>10</b> .1 A                            |                       |                               |              |                  |           | ADDIT. FEE          |                        | OR       | ADDIT. FEE          | 200,                   |
|   | 002                | (Column 1)<br>CLAIMS                      | 1021 1111             | (Colur<br>HIGH                |              | (Column 3)       | 1 .       |                     |                        |          |                     |                        |
| AMENDMENT C   |                    | REMAINING<br>AFTER<br>AMENDMENT           |                       | NUM<br>PREVIO<br>PAID         | DUSLY        | PRESENT<br>EXTRA |           | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total              | . 14                                      | Minus                 | ٠ a                           | ۵_           | = .              |           | X\$ 9=              |                        | OR       | X\$18=              |                        |
|   | Independent        | PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                       | <u> </u> =                    | 11           | X40=             |           | OR                  | X80=                   |          |                     |                        |
| +135  |                    |   |                       |                               |              |                  |           | 1125-               |                        |          | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |                    |   |                       |                               |              |                  |           |                     |                        | OR       | TOTAL               |                        |
| •••   | If the "Highest Nu | mber Previously Pa                        | aid For IN THE        | S SPACE I                     | s lass tha   | n 3 enter "3"    | •         | NODIT. FEE          |                        |          | ADDIT. FEE          |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                    |   |                       |                               |              |                  |           |                     |                        |          |                     |                        |